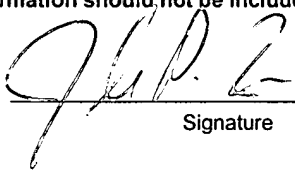


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 37974-0024				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on _____. Signature _____ Typed or printed Name _____	In re Application of Richard Anthony Godwin SMITH et al. <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Application Number 09/936,205</td> <td style="width: 50%;">Filed October 29, 2001</td> </tr> </table> <hr/> For Organ Transplant Solutions Containing Conjugates of Soluble Peptidic Compounds With Membrane-Binding <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Group Art Unit</td> <td style="width: 50%;">Examiner</td> </tr> </table>		Application Number 09/936,205	Filed October 29, 2001	Group Art Unit	Examiner
Application Number 09/936,205	Filed October 29, 2001					
Group Art Unit	Examiner					
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u>.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>250.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-1641</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)._____</p> <div style="text-align: right; margin-top: 20px;">  _____ Signature John P. Isacson, Reg. No. 33,715 Customer No. 26633 _____ Typed or printed name February 23, 2005 _____ Date </div>						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".						
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.						

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